

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION

1 of 2

Operator Project:	Postmark:	Date Received:	Notification: 1
I. TYPE OF NOTIFICATION (O=Original, R=Revised): O			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: SHORENSTEIN REALTY SERVICES			
ADDRESS: 800 THIRD AVENUE			
CITY: NEW YORK	STATE: NY	ZIP CODE: 10022	
CONTACT: MR. NICHOLAS STEIXNER		PHONE: (212) 888-0935	
REMOVAL CONTRACTOR: ETS CONTRACTING, INC.			
ADDRESS: 160 CLAY STREET			
CITY: BROOKLYN	STATE: NY	ZIP CODE: 11222	
CONTACT: ROBERT MIDDLETON		PHONE: (718) 706-6300	
OTHER OPERATOR: NOT APPLICABLE			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
CONTACT:		PHONE:	
III. TYPE OF OPERATION (D=Demo, O=Ordered, R=Renovation) R			
IV. IS ASBESTOS PRESENT? (yes/no) YES			
V. FACILITY DESCRIPTION (include building name, number, floor and/or room number):			
BLDG. NAME: 800 THIRD AVENUE			
ADDRESS: 800 THIRD AVENUE			
CITY: NEW YORK	STATE: NY	COUNTY: MANHATTAN	
SITE LOCATION: GROUND FLOOR LOADING DOCK			
BUILDING SIZE	SQ METERS:	SQ FT: 624,240	#OF FLOORS: 41 AGE IN YEARS: 43
PRESENT USE: COMMERICAL		PRIOR USE: COMMERICAL	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT TO PRESENCE OF ASBESTOS MATERIAL:			
SAMPLING AND ANALYSIS ACCORDING TO EPA APPROVED METHODS.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM To Be Removed	Non-friable Asbestos Materials To Be Removed: Category I Category II	
PIPES – LINEAR FEET			
PIPES – LINEAR METERS			
SURFACE AREA – SQUARE FEET		48 SF	
SURFACE AREA – SQUARE METERS			
VOLUME RACM OFF FACILITY COMPONENT - CUBIC FEET			
VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: 9/10/2016		COMPLETION: 9/09/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START:		COMPLETION:	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.****XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:****ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS.****XII. WASTE TRANSPORTER #1****WASTE TRANSPORTER #2**NAME: **TRI-STATE TRANSFER ASSOC., INC.**

NAME:

ADDRESS: **1199 RANDALL AVENUE**

ADDRESS:

CITY: **BRONX** STATE: **NY** ZIP CODE: **10474**

CITY: STATE: ZIP CODE:

CONTACT: **JIMMY BYRNE** PHONE: **(718) 617-0771**

CONTACT: PHONE:

WASTE TRANSPORTER #3

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

CONTACT: PHONE:

XIII. WASTE DISPOSAL SITE/NAME: **MINERVA ENTER., INC.**LOCATION: **9000 MINERVA ROAD,**CITY: **WAYNESBURG, OHIO 46688**PHONE: **330-866-3435****XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**NAME: **NOT APPLICABLE**

TITLE:

AUTHORITY:

DATE OF ORDER (MM/DD/YY):

DATE ORDERED TO BEGIN (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE

DATE AND HOUR OF EMERGENCY (MM/DD/YY):

DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:**ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO ALL APPLICABLE REGULATIONS.****XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR. PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).****ROBERT MIDDLETON, ETS CONTRACTING INC.**

As Representative For The Owner

Signature of Owner/Operator

8/22/16

Date

XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**ROBERT MIDDLETON, ETS CONTRACTING, INC**

As Representative For The Owner

Signature Of Owner/Operator

8/22/16

Date

ETS Contracting, Inc.
160 Clay Street, Brooklyn, NY 11222
Tel. (718) 706-6300; Fax (718) 706-1032

LETTER OF TRANSMITTAL

To: US-ENVIRONMENTAL PROTECTION
AGENCY
290 BROADWAY, 21ST FLOOR
REGION 2
NEW YORK, NY 10007
ATTN: ROSALIE SBERNA

Date: 8/22/2016
Re: 800 THIRD AVENUE, NEW YORK, NY –
GROUND FLOOR LOADING DOCK
Job # 4715/16

For Your:

- ☐ Approval
☐ Use/Information
☒ Record
☐ Review/Comment
☐ Other

The Following:

- ☐ Samples
☐ Drawings/Specifications
☐ Close-Out Package
☒ Other

ORIG.	DATE	DESCRIPTION
2	8/22/2016	ASBESTOS ABATEMENT PROJECT NOTIFICATION

Action:

- ☐ Sign & Return To Our Office
☐ No Action Required
☐ Returned For Corrections
☒ See Remarks

Remarks:

Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office.
CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED ENVELOPE TO OUR OFFICE.

Copies To: File

Prepared By: <i>Renata D. Buczek</i>
Sent Via: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Over Night FedEx <input checked="" type="checkbox"/> U.S. Mail

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION

1 of 2

Operator Project:	Postmark:	Date Received:	Notification: 1
I. TYPE OF NOTIFICATION (O=Original, R=Revised): O			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: MOUNT SINAI MEDICAL CENTER			
ADDRESS: 1470 MADISON AVENUE, 5TH FLOOR			
CITY: NEW YORK	STATE: NY	ZIP CODE: 10029	
CONTACT: BEN CIFERRI		PHONE: (212) 241-1455	
REMOVAL CONTRACTOR: ETS CONTRACTING, INC.			
ADDRESS: 160 CLAY STREET			
CITY: BROOKLYN	STATE: NY	ZIP CODE: 11222	
CONTACT: THOMAS AHERN		PHONE: (718) 706-6300	
OTHER OPERATOR: NOT APPLICABLE			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
CONTACT:		PHONE:	
III. TYPE OF OPERATION (D=Demo, O=Ordered, R=Renovation) R			
IV. IS ASBESTOS PRESENT? (yes/no) YES			
V. FACILITY DESCRIPTION (include building name, number, floor and/or room number):			
BLDG. NAME: MOUNT SINAI QUEENS AMBULATORY SURGERY			
ADDRESS: 25-25 30TH ROAD			
CITY: QUEENS	STATE: NY	COUNTY: QUEENS	
SITE LOCATION: ROOF			
BUILDING SIZE	SQ METERS:	SQ FT: 5,447	#OF FLOORS: 3 AGE IN YEARS: 84
PRESENT USE: HOSPITAL		PRIOR USE: HOSPITAL	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT TO PRESENCE OF ASBESTOS MATERIAL:			
SAMPLING AND ANALYSIS ACCORDING TO EPA APPROVED METHODS.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
RACM To Be Removed		Non-friable Asbestos Materials To Be Removed: Category I Category II	
PIPES – LINEAR FEET			
PIPES – LINEAR METERS			
SURFACE AREA – SQUARE FEET		100 SF	
SURFACE AREA – SQUARE METERS			
VOLUME RACM OFF FACILITY COMPONENT - CUBIC FEET			
VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: 9/19/2016		COMPLETION: 9/18/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START:		COMPLETION:	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.****XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:****ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS.****XII. WASTE TRANSPORTER #1****WASTE TRANSPORTER #2**NAME: **TRI-STATE TRANSFER ASSOC., INC.**NAME: **ETS CONTRACTING, INC..**ADDRESS: **1199 RANDALL AVENUE**ADDRESS: **160 CLAY STREET**CITY: **BRONX** STATE: **NY** ZIP CODE: **10474**CITY: **BROOKLYN** STATE: **NY** ZIP CODE: **11222**CONTACT: **JIMMY BYRNE** PHONE: **(718) 617-0771**CONTACT: **ANDRZEJ BARNOWSKI** PHONE: **718-706-6300****WASTE TRANSPORTER #3**

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

CONTACT: PHONE:

XIII. WASTE DISPOSAL SITENAME: **MINERVA ENTERPRISES, INC.**LOCATION: **9000 MINERVA ROAD**CITY: **WAYNESBURG, OHIO 44688**PHONE: **330-866-3435****XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**NAME: **NOT APPLICABLE**

TITLE:

AUTHORITY:

DATE OF ORDER (MM/DD/YY):

DATE ORDERED TO BEGIN (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE

DATE AND HOUR OF EMERGENCY (MM/DD/YY):

DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:**ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO ALL APPLICABLE REGULATIONS.****XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR. PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).**THOMAS AHERN, ETS CONTRACTING INC.
As Representative For The Owner

Signature of Owner/Operator

8/25/2016
Date**XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**THOMAS AHERN, ETS CONTRACTING, INC
As Representative For The Owner

Signature Of Owner/Operator

8/25/2016
Date

ETS Contracting, Inc.
160 Clay Street, Brooklyn, NY 11222
Tel. (718) 706-6300; Fax (718) 706-1032

LETTER OF TRANSMITTAL

To:

US-ENVIRONMENTAL PROTECTION
AGENCY

290 BROADWAY, 21ST FLOOR
REGION 2

NEW YORK, NY 10007

ATTN: ROSALIE SBERNA

Date: 8/25/2016

Re: Mount Sinai Queens Ambulatory Surgery –
25-25 30th Avenue, Queens, NY

Job # 4375/16

For Your:

- ☐ Approval
- ☐ Use/Information
- ☒ Record
- ☐ Review/Comment
- ☐ Other

The Following:

- ☐ Samples
- ☐ Drawings/Specifications
- ☐ Close-Out Package
- ☒ Other

ORIG.	DATE	DESCRIPTION
2	8/25/2016	ASBESTOS ABATEMENT PROJECT NOTIFICATION

Action:

- ☐ Sign & Return To Our Office
- ☐ No Action Required
- ☐ Returned For Corrections
- ☒ See Remarks

Remarks:

Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office.
CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED ENVELOPE TO OUR OFFICE.

Copies To: File

Prepared By: *Renata D. Buczek*

Sent Via: ☐ Hand Delivered ☐ Over Night FedEx
☒ U.S. Mail

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION

1 of 2

Operator Project:	Postmark:	Date Received:	Notification: 1	AMENDMENT# 2
I. TYPE OF NOTIFICATION (O=Original, R=Revised): R				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME:	MTA – NEW YORK CITY TRANSIT AUTHORITY			
ADDRESS:	2 BROADWAY			
CITY:	MANHATTAN	STATE: NY	ZIP CODE: 10004	
CONTACT:	MR. BEN JENS	PHONE: (646) 252-3531		
REMOVAL CONTRACTOR: ETS CONTRACTING, INC.				
ADDRESS:	160 CLAY STREET			
CITY:	BROOKLYN	STATE: NY	ZIP CODE: 11222	
CONTACT:	MR. RICHIE SMITH	PHONE: (718) 706-6300		
OTHER OPERATOR:	NOT APPLICABLE			
ADDRESS:				
CITY:		STATE:	ZIP CODE:	
CONTACT:	PHONE:			
III. TYPE OF OPERATION (D=Demo, O=Ordered, R=Renovation) O				
IV. IS ASBESTOS PRESENT? (yes/no) YES				
V. FACILITY DESCRIPTION (include building name, number, floor and/or room number):				
BLDG. NAME:	ASTOR PLACE STATION			
ADDRESS:	ASTOR PLACE STATION @ 14 TH STREET			
CITY:	NEW YORK	STATE: NY	COUNTY: MANHATTAN	
SITE LOCATION:	MANHOLE #47 – 250' SOUTH OF 14 TH ST.			
BUILDING SIZE	SQ METERS:	SQ FT: 72	#OF FLOORS: 2	AGE IN YEARS: 74
PRESENT USE:	MANHOLE		PRIOR USE: MANHOLE	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT TO PRESENCE OF ASBESTOS MATERIAL:				
SAMPLING AND ANALYSIS ACCORDING TO EPA APPROVED METHODS.				
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:				
	RACM To Be Removed		Non-friable Asbestos Materials To Be Removed: Category I Category II	
PIPES – LINEAR FEET				
PIPES – LINEAR METERS				
SURFACE AREA – SQUARE FEET		402 SF		
SURFACE AREA – SQUARE METERS				
VOLUME RACM OFF FACILITY COMPONENT - CUBIC FEET				
VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS				
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: HOLD			COMPLETION: 5/31/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: TBD			COMPLETION: TBD	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS AND MTA NYCTA SWV# TBD.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS AND MTA NYCTA SWV#TBD.

XII. WASTE TRANSPORTER #1**WASTE TRANSPORTER #2**

NAME: TRI-STATE TRANSFER ASSOC., INC.

NAME: ETS CONTRACTING, INC..

ADDRESS: 1199 RANDALL AVENUE

ADDRESS: 160 CLAY STREET

CITY: BRONX STATE: NY ZIP CODE: 10474

CITY: BROOKLYN STATE: NY ZIP CODE: 11222

CONTACT: JIMMY BYRNE

PHONE: (718) 617-0771

CONTACT: ANDRZEJ BARNOWSKI

PHONE: 718-706-6300

WASTE TRANSPORTER #3

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

CONTACT: PHONE:

XIII. WASTE DISPOSAL SITE

NAME: MINERVA ENTERPRISES, INC.

LOCATION: 9000 MINERVA ROAD

CITY: WAYNESBURG, OHIO 44688

PHONE: 330-866-3435

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

NAME: NOT APPLICABLE

TITLE:

AUTHORITY:

DATE OF ORDER (MM/DD/YY):

DATE ORDERED TO BEGIN (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE

DATE AND HOUR OF EMERGENCY (MM/DD/YY):

DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:

ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO ALL APPLICABLE REGULATIONS.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR. PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).

RICHIE SMITH, ETS CONTRACTING INC.
As Representative For The Owner

Signature of Owner/Operator

8/26/16

Date

XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

RICHIE SMITH, ETS CONTRACTING, INC
As Representative For The Owner

Signature Of Owner/Operator

8/26/16

Date

ETS Contracting, Inc.
160 Clay Street, Brooklyn, NY 11222
Tel. (718) 706-6300; Fax (718) 706-1032

LETTER OF TRANSMITTAL

To:

US-ENVIRONMENTAL PROTECTION
AGENCY

290 BROADWAY, 21ST FLOOR
REGION 2

NEW YORK, NY 10007

ATTN: ROSALIE SBERNA

Date: 8/26/2016

Re: MTA - Astor Place Station - Astor Place
Station @ 14th Street, NY, NY - Manhole #47

Job # 4660/16

For Your:

- ☐ Approval
- ☐ Use/Information
- ☒ Record
- ☐ Review/Comment
- ☐ Other

The Following:

- ☐ Samples
- ☐ Drawings/Specifications
- ☐ Close-Out Package
- ☒ Other

ORIG.	DATE	DESCRIPTION
2	8/26/2016	ASBESTOS ABATEMENT PROJECT NOTIFICATION

Action:

- ☐ Sign & Return To Our Office
- ☐ No Action Required
- ☐ Returned For Corrections
- ☒ See Remarks

Remarks:

Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office.
**CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED
ENVELOPE TO OUR OFFICE.**

Copies To: File

Prepared By: Renata D. Buczek
Sent Via: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Over Night FedEx
<input checked="" type="checkbox"/> U.S. Mail

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION

1 of 2

Operator Project: Postmark: Date Received: Notification: 1

I. TYPE OF NOTIFICATION (O=Original, R=Revised): O

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: NEW YORK UNIVERSITY

ADDRESS: 70 WASHINGTON SQUARE SOUTH

CITY: NEW YORK STATE: NY ZIP CODE: 10003

CONTACT: GERMAN ROA PHONE: 212-998-1407

REMOVAL CONTRACTOR: ETS CONTRACTING, INC.

ADDRESS: 160 CLAY STREET

CITY: BROOKLYN STATE: NY ZIP CODE: 11222

CONTACT: THOMAS AHERN PHONE: (718) 706-6300

OTHER OPERATOR: NOT APPLICABLE

ADDRESS:

CITY: STATE: ZIP CODE:

CONTACT: PHONE:

III. TYPE OF OPERATION (D=Demo, O=Ordered, R=Renovation) R

IV. IS ASBESTOS PRESENT? (yes/no) YES

V. FACILITY DESCRIPTION (include building name, number, floor and/or room number):

BLDG. NAME: 404 LAFAYETTE STREET

ADDRESS: 404 LAFAYETTE STREET

CITY: NEW YORK STATE: NY COUNTY: MANHATTAN

SITE LOCATION: SOUTH FACADE

BUILDING SIZE SQ METERS: SQ FT: 110,000 #OF FLOORS: 8 AGE IN YEARS: 123

PRESENT USE: COMMERICAL PRIOR USE: COMMERICAL

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT TO PRESENCE OF ASBESTOS MATERIAL:

SAMPLING AND ANALYSIS ACCORDING TO EPA APPROVED METHODS.

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

RACM To Be Removed

Non-friable Asbestos Materials To Be Removed:
Category I Category II

PIPES - LINEAR FEET

PIPES - LINEAR METERS

SURFACE AREA - SQUARE FEET

2 SF

SURFACE AREA - SQUARE METERS

VOLUME RACM OFF FACILITY COMPONENT - CUBIC FEET

VOLUME RACM OFF FACILITY COMPONENT - CUBIC METERS

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: 8/27/2016

COMPLETION: 8/26/2017

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: TBD

COMPLETION: TBD

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS.

XII. WASTE TRANSPORTER #1

WASTE TRANSPORTER #2

NAME: TRI-STATE TRANSFER ASSOC., INC.

NAME: ETS CONTRACTING, INC..

ADDRESS: 1199 RANDALL AVENUE

ADDRESS: 160 CLAY STREET

CITY: BRONX STATE: NY ZIP CODE: 10474

CITY: BROOKLYN STATE: NY ZIP CODE: 11222

CONTACT: JIMMY BYRNE PHONE: (718) 617-0771

CONTACT: ANDRZEJ BARNOWSKI PHONE: 718-706-6300

WASTE TRANSPORTER #3

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

CONTACT: PHONE:

XIII. WASTE DISPOSAL SITE

NAME: MINERVA ENTERPRISES, INC.

LOCATION: 9000 MINERVA ROAD

CITY: WAYNESBURG, OHIO 44688

PHONE: 330-866-3435

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

NAME: NOT APPLICABLE

TITLE:

AUTHORITY:

DATE OF ORDER (MM/DD/YY):

DATE ORDERED TO BEGIN (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE

DATE AND HOUR OF EMERGENCY (MM/DD/YY):

DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:

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THOMAS AHERN, ETS CONTRACTING INC.
As Representative For The Owner

Signature of Owner/Operator

8/10/2016

Date

XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

THOMAS AHERN, ETS CONTRACTING, INC
As Representative For The Owner

Signature Of Owner/Operator

8/10/2016

Date

ETS Contracting, Inc.
160 Clay Street, Brooklyn, NY 11222
Tel. (718) 706-6300; Fax (718) 706-1032

LETTER OF TRANSMITTAL

To:

US-ENVIRONMENTAL PROTECTION
AGENCY

290 BROADWAY, 21ST FLOOR
REGION 2

NEW YORK, NY 10007

ATTN: ROSALIE SBERNA

Date: 8/10/2016

Re: NYU – 404 Lafayette Street, New York, NY

Job # 4542/16

For Your:

- ☐ Approval
- ☐ Use/Information
- ☒ Record
- ☐ Review/Comment
- ☐ Other

The Following:

- ☐ Samples
- ☐ Drawings/Specifications
- ☐ Close-Out Package
- ☒ Other

ORIG.	DATE	DESCRIPTION
2	8/10/2016	ASBESTOS ABATEMENT PROJECT NOTIFICATION

Action:

- ☐ Sign & Return To Our Office
- ☐ No Action Required
- ☐ Returned For Corrections
- ☒ See Remarks

Remarks:

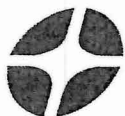
Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office.
CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED ENVELOPE TO OUR OFFICE.

Copies To: File

Prepared By: *Renata D. Buczek*

Sent Via: ☐ Hand Delivered ☐ Over Night FedEx

☒ U.S. Mail



ETS CONTRACTING, INC.

160 Clay Street, Brooklyn, NY 11222

TELEPHONE 718.706.6300 FAX 718.706.1032

August 25, 2016

US, EPA – AC Branch
Notifications Department
Region 2,
290 Broadway
New York, NY 10007

Re: Asbestos Abatement Project Notification – Amendment #1
708 Broadway, New York, NY- Roof

Dear Sir/Madam:

Please be advised that the above referenced asbestos project notification has been placed on hold. We will notify your department of a new start date when it becomes available.

HOLD

All other information remains the same.
Should you have any questions please do not hesitate to call.

Sincerely
ETS Contracting, Inc.

Renata D. Buczek

i:4542'4507_708Broadway'not

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION

1 of 2

Operator Project: Postmark: Date Received: Notification: 1

I. TYPE OF NOTIFICATION (O=Original, R=Revised): **O**

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: **NEW YORK UNIVERSITY**

ADDRESS: **70 WASHINGTON SQUARE SOUTH**

CITY: **NEW YORK** STATE: **NY** ZIP CODE: **10003**

CONTACT: **GERMAN ROA** PHONE: **212-998-1407**

REMOVAL CONTRACTOR: **ETS CONTRACTING, INC.**

ADDRESS: **160 CLAY STREET**

CITY: **BROOKLYN** STATE: **NY** ZIP CODE: **11222**

CONTACT: **THOMAS AHERN** PHONE: **(718) 706-6300**

OTHER OPERATOR: **NOT APPLICABLE**

ADDRESS:

CITY: STATE: ZIP CODE:

CONTACT: PHONE:

III. TYPE OF OPERATION (D=Demo, O=Ordered, R=Renovation) **R**

IV. IS ASBESTOS PRESENT? (yes/no) **YES**

V. FACILITY DESCRIPTION (include building name, number, floor and/or room number):

BLDG. NAME: **708 BROADWAY**

ADDRESS: **708 BROADWAY**

CITY: **NEW YORK** STATE: **NY** COUNTY: **MANHATTAN**

SITE LOCATION: **ROOF**

BUILDING SIZE SQ METERS: SQ FT: **40,000** #OF FLOORS: **10** AGE IN YEARS: **121**

PRESENT USE: **COMMERICAL** PRIOR USE: **COMMERICAL**

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT TO PRESENCE OF ASBESTOS MATERIAL:

SAMPLING AND ANALYSIS ACCORDING TO EPA APPROVED METHODS.

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

RACM To Be Removed	Non-friable Asbestos Materials To Be Removed: Category I Category II
--------------------	--

PIPES – LINEAR FEET

PIPES – LINEAR METERS

SURFACE AREA – SQUARE FEET **100 SF**

SURFACE AREA – SQUARE METERS

VOLUME RACM OFF FACILITY COMPONENT - CUBIC FEET

VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: **8/27/2016** COMPLETION: **8/26/2017**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: **TBD** COMPLETION: **TBD**

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS.

XII. WASTE TRANSPORTER #1

WASTE TRANSPORTER #2

NAME: TRI-STATE TRANSFER ASSOC., INC.

NAME: ETS CONTRACTING, INC..

ADDRESS: 1199 RANDALL AVENUE

ADDRESS: 160 CLAY STREET

CITY: BRONX STATE: NY ZIP CODE: 10474

CITY: BROOKLYN STATE: NY ZIP CODE: 11222

CONTACT: JIMMY BYRNE PHONE: (718) 617-0771

CONTACT: ANDRZEJ BARNOWSKI PHONE: 718-706-6300

WASTE TRANSPORTER #3

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

CONTACT: PHONE:

XIII. WASTE DISPOSAL SITE

NAME: MINERVA ENTERPRISES, INC.

LOCATION: 9000 MINERVA ROAD

CITY: WAYNESBURG, OHIO 44688

PHONE: 330-866-3435

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

NAME: NOT APPLICABLE

TITLE:

AUTHORITY:

DATE OF ORDER (MM/DD/YY):

DATE ORDERED TO BEGIN (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE

DATE AND HOUR OF EMERGENCY (MM/DD/YY):

DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:

ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO ALL APPLICABLE REGULATIONS.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR, PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).

THOMAS AHERN, ETS CONTRACTING INC.
As Representative For The Owner

Signature of Owner/Operator

8/10/2016
Date

XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

THOMAS AHERN, ETS CONTRACTING, INC
As Representative For The Owner

Signature Of Owner/Operator

8/10/2016
Date

ETS Contracting, Inc.
160 Clay Street, Brooklyn, NY 11222
Tel. (718) 706-6300; Fax (718) 706-1032

LETTER OF TRANSMITTAL

To: US-ENVIRONMENTAL PROTECTION
AGENCY
290 BROADWAY, 21ST FLOOR
REGION 2
NEW YORK, NY 10007
ATTN: ROSALIE SBERNA

Date: 8/10/2016

Re: NYU - 708 BROADWAY, NEW YORK, NY -
ROOF

Job # 4542/16

For Your:

- ☐ Approval
- ☐ Use/Information
- ☒ Record
- ☐ Review/Comment
- ☐ Other

The Following:

- ☐ Samples
- ☐ Drawings/Specifications
- ☐ Close-Out Package
- ☒ Other

ORIG.	DATE	DESCRIPTION
2	8/10/2016	ASBESTOS ABATEMENT PROJECT NOTIFICATION

Action:

- ☐ Sign & Return To Our Office
- ☐ No Action Required
- ☐ Returned For Corrections
- ☒ See Remarks

Remarks:

Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office.
CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED
ENVELOPE TO OUR OFFICE.

Copies To: File

Prepared By: *Renata D. Buczek*

Sent Via: ☐ Hand Delivered ☐ Over Night FedEx

☒ U.S. Mail



ETS CONTRACTING, INC.

160 Clay Street, Brooklyn, NY 11222

TELEPHONE 718.706.6300 FAX 718.706.1032

August 23, 2016

US, EPA – AC Branch
Notifications Department
Region 2,
290 Broadway
New York, NY 10007

Re: Asbestos Abatement Project Notification – Amendment #2
Mount Sinai Hospital Queens – 25-10 30th Avenue, Astoria, NY – Bsmt./1/2/3 Floors

Dear Sir/Madam:

Please be advised that the above referenced asbestos project notification has additional quantities to be added and reduced.

Additional Quantities Added:

80 SF of Coping Stone Tar/Caulking – 6th Floor – West Setback Roof

Reduction of Quantities:

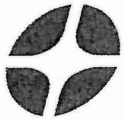
60 SF of Ceiling Tile Glue – 3rd Floor – East Pantry

All other information remains the same.
Should you have any questions please do not hesitate to call.

Sincerely
ETS Contracting, Inc.

Renata D. Buczek

i: 4375'not-2016-2017Filings



ETS CONTRACTING, INC.

160 Clay Street, Brooklyn, NY 11222

TELEPHONE 718.706.6300 FAX 718.706.1032

August 9, 2016

US, EPA – AC Branch
Notifications Department
Region 2,
290 Broadway
New York, NY 10007

Re: Asbestos Abatement Project Notification – Amendment #1
Mount Sinai Hospital Queens – 25-10 30th Avenue, Astoria, NY – Bsmt./1/2/3 Floors

Dear Sir/Madam:

Please be advised that the above referenced asbestos project notification has additional quantities to be added.

Additional Quantities Added:

89 LF of Pipe Insulation – 1st & 2nd Floors

675 SF of Ceiling Tile Glue – 2nd Floor – South West

1,575 SF of Floor Tiles – 2nd Floor – Administration

All other information remains the same.
Should you have any questions please do not hesitate to call.

Sincerely
ETS Contracting, Inc.

Renata D. Buczek

i: 4375'not-2016-2017Filings

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION

1 of 2

Operator Project: Postmark: Date Received: Notification: 1

I. TYPE OF NOTIFICATION (O=Original, R=Revised): O

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: MOUNT SINAI MEDICAL CENTER

ADDRESS: 1470 MADISON AVENUE, 5TH FLOOR

CITY: NEW YORK STATE: NY ZIP CODE: 10029

CONTACT: BEN CIFERRI PHONE: (212) 241-1455

REMOVAL CONTRACTOR: ETS CONTRACTING, INC.

ADDRESS: 160 CLAY STREET

CITY: BROOKLYN STATE: NY ZIP CODE: 11222

CONTACT: THOMAS AHERN PHONE: (718) 706-6300

OTHER OPERATOR: NOT APPLICABLE

ADDRESS:

CITY: STATE: ZIP CODE:

CONTACT: PHONE:

III. TYPE OF OPERATION (D=Demo, O=Ordered, R=Renovation) R

IV. IS ASBESTOS PRESENT? (yes/no) YES

V. FACILITY DESCRIPTION (include building name, number, floor and/or room number):

BLDG. NAME: MOUNT SINAI HOSPITAL QUEENS

ADDRESS: 25-10 30TH AVENUE

CITY: ASTORIA STATE: NY COUNTY: QUEENS

SITE LOCATION: BASEMENT/1ST/2ND/ & 3RD FLOORS

BUILDING SIZE SQ METERS: SQ FT: 66,000 #OF FLOORS: 6 AGE IN YEARS: 61

PRESENT USE: HOSPITAL PRIOR USE: HOSPITAL

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT TO PRESENCE OF ASBESTOS MATERIAL:

SAMPLING AND ANALYSIS ACCORDING TO EPA APPROVED METHODS.

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

	RACM To Be Removed	Non-friable Asbestos Materials To Be Removed: Category I	Category II
PIPES – LINEAR FEET	70 LF		
PIPES – LINEAR METERS			
SURFACE AREA – SQUARE FEET		1,500 SF	
SURFACE AREA – SQUARE METERS			
VOLUME RACM OFF FACILITY COMPONENT - CUBIC FEET			
VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS			

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: 8/10/2016 COMPLETION: 8/9/2017

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: COMPLETION:



ETS CONTRACTING, INC.

160 Clay Street, Brooklyn, NY 11222

TELEPHONE 718.706.6300 FAX 718.706.1032

August 25, 2016

US, EPA – AC Branch
Notifications Department
Region 2,
290 Broadway
New York, NY 10007

Re: Asbestos Abatement Project Notification – Amendment #1
404 Lafayette Street, New York, NY – South Façade

Dear Sir/Madam:

Please be advised that the above referenced asbestos project notification has been placed on hold. We will notify your department of a new start date when it becomes available.

HOLD

All other information remains the same.
Should you have any questions please do not hesitate to call.

Sincerely
ETS Contracting, Inc.

Renata D. Buczek

i: 4542' 404LafayetteStreet'not_2016-2017Filings

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.

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XII. WASTE TRANSPORTER #1

WASTE TRANSPORTER #2

NAME: TRI-STATE TRANSFER ASSOC., INC.

NAME: ETS CONTRACTING, INC..

ADDRESS: 1199 RANDALL AVENUE

ADDRESS: 160 CLAY STREET

CITY: BRONX STATE: NY ZIP CODE: 10474

CITY: BROOKLYN STATE: NY ZIP CODE: 11222

CONTACT: JIMMY BYRNE PHONE: (718) 617-0771

CONTACT: ANDRZEJ BARNOWSKI PHONE: 718-706-6300

WASTE TRANSPORTER #3

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

CONTACT: PHONE:

XIII. WASTE DISPOSAL SITE

NAME: MINERVA ENTERPRISES, INC.

LOCATION: 9000 MINERVA ROAD

CITY: WAYNESBURG, OHIO 44688

PHONE: 330-866-3435

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

NAME: NOT APPLICABLE

TITLE:

AUTHORITY:

DATE OF ORDER (MM/DD/YY):

DATE ORDERED TO BEGIN (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE

DATE AND HOUR OF EMERGENCY (MM/DD/YY):

DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:

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THOMAS AHERN, ETS CONTRACTING INC.
As Representative For The Owner

Signature of Owner/Operator

7/27/2016
Date

XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

THOMAS AHERN, ETS CONTRACTING, INC
As Representative For The Owner

Signature Of Owner/Operator

7/27/2016
Date

ETS Contracting, Inc.
160 Clay Street, Brooklyn, NY 11222
Tel. (718) 706-6300; Fax (718) 706-1032

LETTER OF TRANSMITTAL

To:

US-ENVIRONMENTAL PROTECTION
AGENCY

290 BROADWAY, 21ST FLOOR
REGION 2

NEW YORK, NY 10007

ATTN: ROSALIE SBERNA

Date: 7/27/2016

Re: Mount Sinai Hospital Queens – 25-10 30th
Ave., Queens, NY

Job # 4375/15

For Your:

- ☐ Approval
- ☐ Use/Information
- ☒ Record
- ☐ Review/Comment
- ☐ Other

The Following:

- ☐ Samples
- ☐ Drawings/Specifications
- ☐ Close-Out Package
- ☒ Other

ORIG.	DATE	DESCRIPTION
2	7/27/2016	ASBESTOS ABATEMENT PROJECT NOTIFICATION

Action:

- ☐ Sign & Return To Our Office
- ☐ No Action Required
- ☐ Returned For Corrections
- ☒ See Remarks

Remarks:

Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office.
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